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MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fed. <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LC 032511 (d)

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator El Paso Natural Gas Company	8. Farm or Lease Name Jal "D"
3. Address of Operator 600 Building of the Southwest, Midland, Texas 79701	9. Well No. #3
4. Location of Well UNIT LETTER B 990 FEET FROM THE North LINE AND 2310 FEET FROM East LINE, SECTION 8 TOWNSHIP 25 S RANGE 37 E NMPM.	10. Field and Pool, or Wildcat Jalmat Yates
11. Elevation (Show whether DF, RT, GR, etc.) 3171 GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1 f03.

Clean out open hole section from 2930'-3040' and set 4" OD slotted liner.  
Selectively perforate 5 $\frac{1}{2}$ " casing in zones of interest between 2860 and 2930'  
and stimulate with acid and/or fracturing treatment.

Run 2-7/8" tubing and packer to approximately 2800'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Paul E. Goodwin TITLE Production Clerk DATE December 17, 1970

APPROVED BY [Signature] TITLE   DATE

CONDITIONS OF APPROVAL, IF ANY: